

Flathead County Community Health Needs Assessment

Data for Selected Community Priorities



2018-2019



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Project Overview

This Community Health Needs Assessment (CHNA) is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Flathead County, Montana. A CHNA provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This assessment was conducted on behalf of Kalispell Regional Healthcare, North Valley Hospital, Flathead Community Health Center, and the Flathead City-County Health Department by Professional Research Consultants, Inc. (PRC). This CHNA will serve as a tool toward reaching three goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life.
- To reduce the health disparities among residents.
- To increase accessibility to preventive services for all community residents.

Methodology

This assessment incorporates qualitative and quantitative data from primary research (the PRC Community Health Survey, Online Key Informant Survey, and Community Focus Groups) and secondary research. It includes comparisons to benchmark data at the state and national levels and to Healthy People 2020.

PRC Community Health Survey

The survey instrument used for this study is based on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS). We used landlines and cell phones to randomly sample and survey 300 individuals age 18 and older in Flathead County.

Online Key Informant Survey

Potential participants for the Online Key Informant Survey were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. In all, 39 community stakeholders took part in the Online Key Informant Survey, from the organizations listed below:

- Boys and Girls Club of Glacier County
- Child Bridge
- Community Action Partnership of Northwest Montana
- Flathead Best Beginnings Community Council
- Flathead City-County Health Department
- Flathead Community Health Center
- Flathead County Agency on Aging
- Flathead County Sheriff
- Flathead County Superintendent Office
- Flathead Youth Home
- HEART Program
- Kalispell Public School
- Kalispell Regional Healthcare
- Local Public School Districts
- North Valley Hospital
- Northwest Montana Head Start
- Samaritan House
- Shepherd's Hand Free Clinic
- Sparrows Nest of Northwest Montana
- Summit Independent Living
- Westshore Clinic

The online survey asked key informants to rate the degree to which various health issues are a problem in Flathead County. Follow-up questions asked them to describe why they identify problem areas as such and how to address them. Through this process, we gathered input from several individuals whose organizations work with low-income, minority, or other medically underserved populations

Community Focus Groups

Additional primary data was collected through community focus groups with 182 community members. Focus groups targeted low-income and social service users. To ensure **geographic diversity** within the county, focus groups were held in Bigfork, Kalispell, and Columbia Falls. The largest number of participants (112) came from the Flathead County Fair which included people from all over the county. To ensure participation **across the lifespan** we targeted youth through the library and a summer meal program and seniors through a walking group and an assisted living facility. To **target our patients and service users**, we advertised focus groups in all clinic locations, including the Hungry Horse clinic.

Public Health, Vital Statistics & Other Data

We included a variety of existing (secondary) data sources in this CHNA. Sources for data are included by research topic.

Priorities Chosen from the CHNA

Priority #1: Comprehensive Care

- a. Mental Health and Substance Use
 - i. Carryover from the current CHIP's Behavioral Health priority
 - ii. Includes Alcohol and Tobacco
 - iii. Opioid Use including Medication Assisted Therapy
 - iv. Suicide Prevention
- b. Chronic Disease Management & Prevention
 - i. Respiratory Diseases
 - ii. Cancer
 - iii. Heart Disease
 - iv. Diabetes
- c. Access to Care
 - i. Sufficient medical providers including primary and specialty care
 - ii. Health insurance & affordable care
 - iii. Oral health services
 - iv. ER usage

Priority #2: Social Determinants of Health

- d. Environmental Determinants of Health
 - i. Poverty
 - ii. Housing
 - iii. Transportation
 - iv. Food insecurity
 - v. Built environment: sidewalks, trails
- e. Community Resilience
 - i. Trauma informed care
 - ii. Access to support services

Population Characteristics

Flathead County, the focus of this Community Health Needs Assessment, encompasses 5,087.23 square miles and houses a total population of 94,696 residents, according to latest census estimates.

Total Population (Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Flathead County	94,696	5,087.23	18.61
Montana	1,023,391	145,546.98	7.03
United States	318,558,162	3,532,068.58	90.19

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2018 from Community Commons at <http://www.chna.org>.

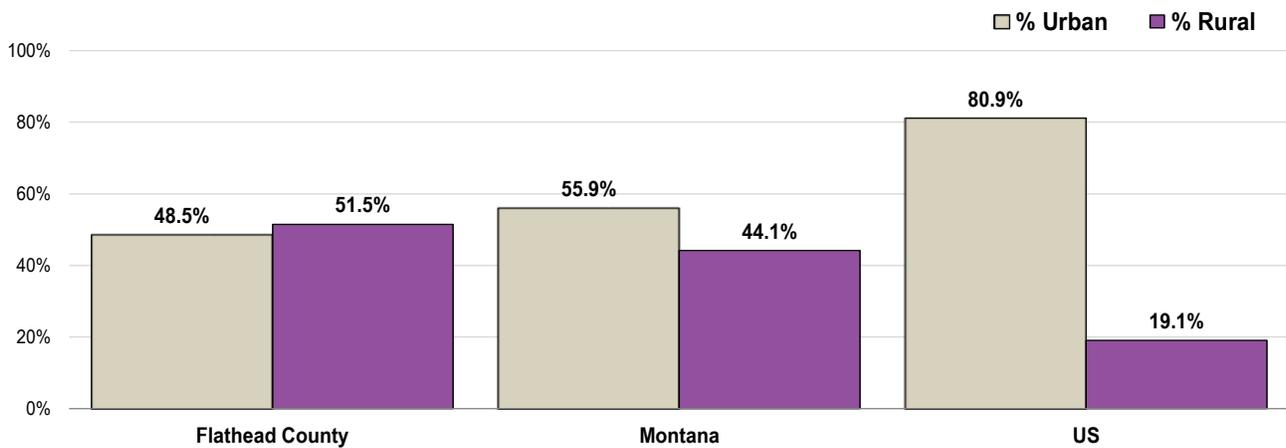
Population Change 2000-2010

Between the 2000 and 2010 US Censuses, the population of Flathead County increased by 16,457 persons, or 22.1%. This was a greater proportional increase than seen across both the state and the nation overall.

Urban/Rural Population

Flathead County has 51.5% of the population living in areas designated as rural.

Urban and Rural Population (2010)



Sources:

- US Census Bureau Decennial Census (2010).
- Retrieved July 2018 from Community Commons at <http://www.chna.org>.

 Notes:

- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Linguistic Isolation

A total of 0.2% of the Flathead County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English “very well”). This is significantly less than the proportion nationally.

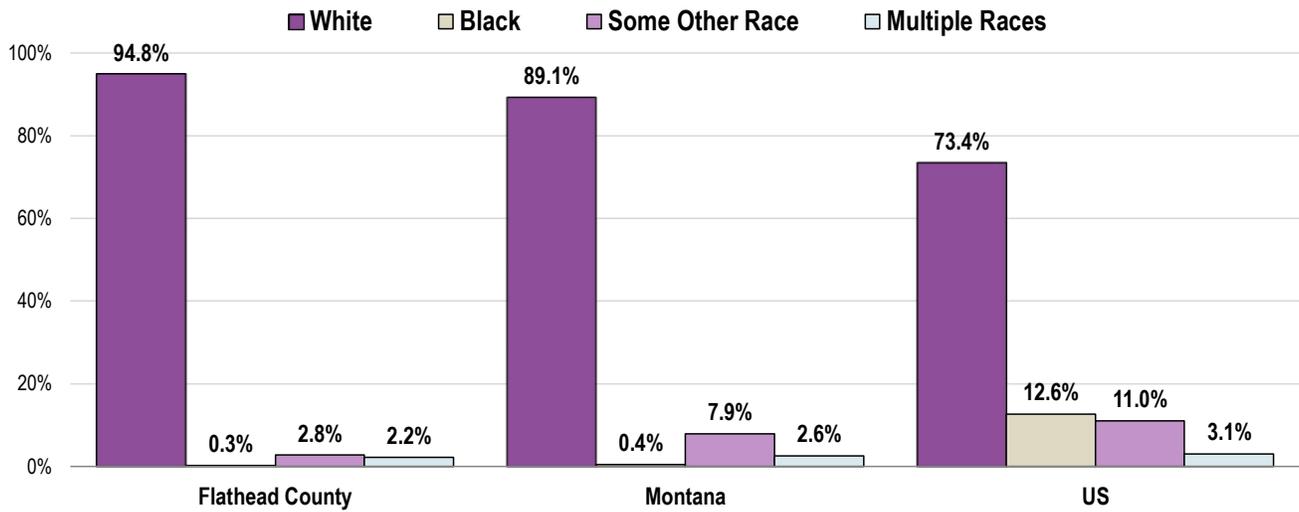
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 94.8% of residents of Flathead County are White and 0.3% are Black.

- This is similar to the state racial distribution.
- Nationally, the US population is less White, more Black, and more “other” race.

Total Population by Race Alone, Percent (2012-2016)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved July 2018 from Community Commons at <http://www.chna.org>.

Ethnicity

A total of 2.6% of Flathead County residents are Hispanic or Latino.

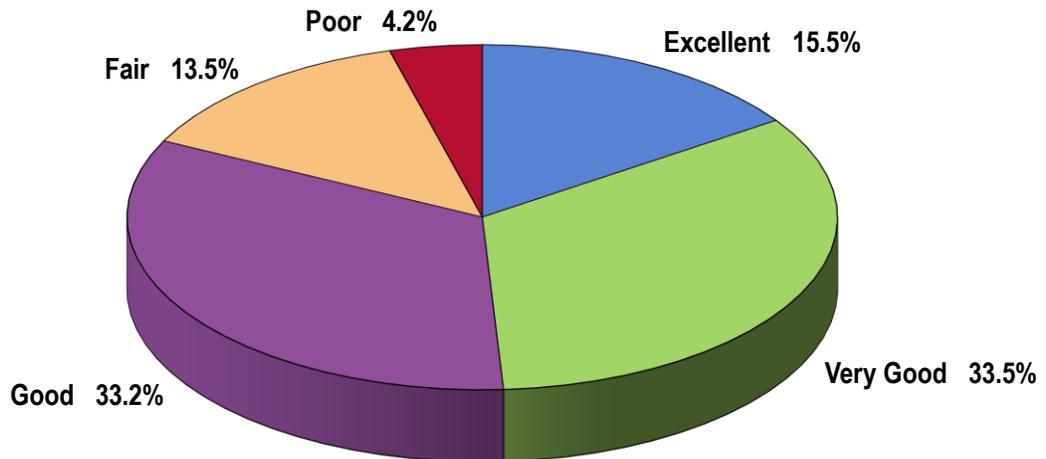
- Similar to the statewide percentage.
- Much lower than the national percentage.
- Between 2000 and 2010, the Hispanic population in Flathead County increased by 1,009, or 95.1%.
- Higher (in terms of percentage growth) than found statewide and nationally.

Overall Health Status

Evaluation of Health Status

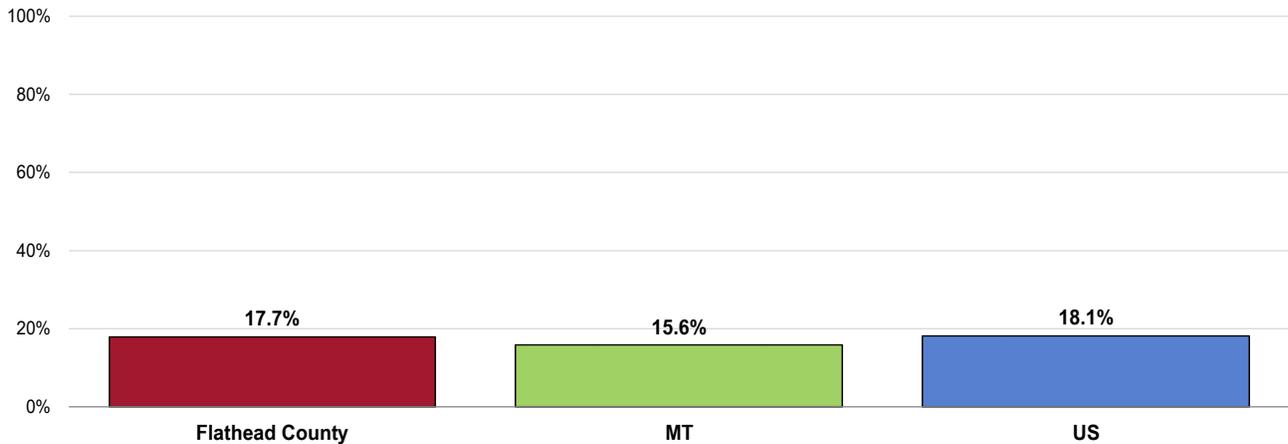
A total of 49.0% of Flathead County adults rate their overall health as “excellent” or “very good.”

Self-Reported Health Status (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health

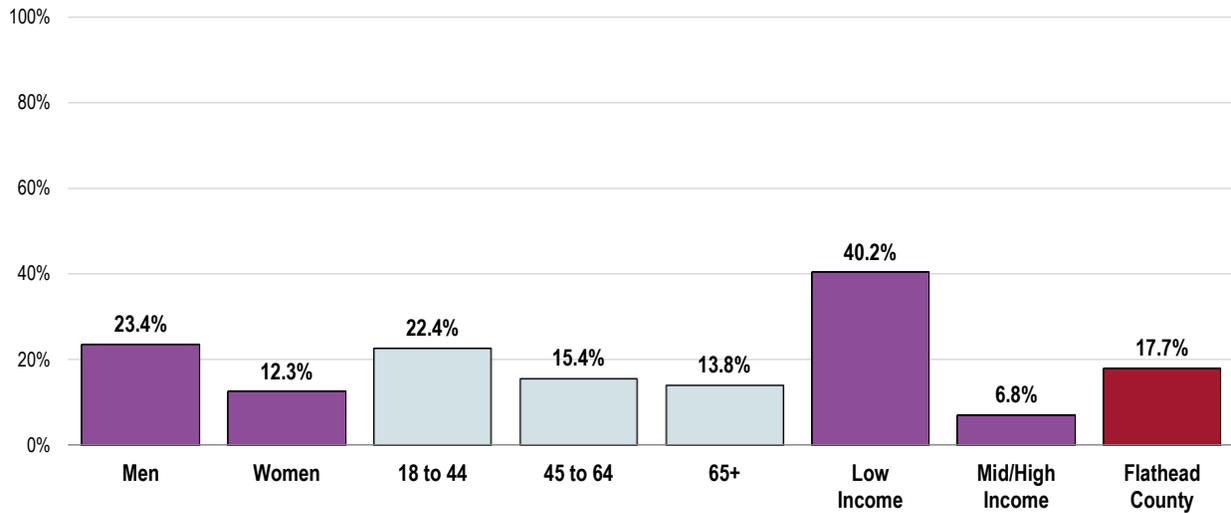


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 MT data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Men and low-income populations.
- Flathead data is not significantly different from the state or national rates.

Experience “Fair” or “Poor” Overall Health (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes: • Asked of all respondents.

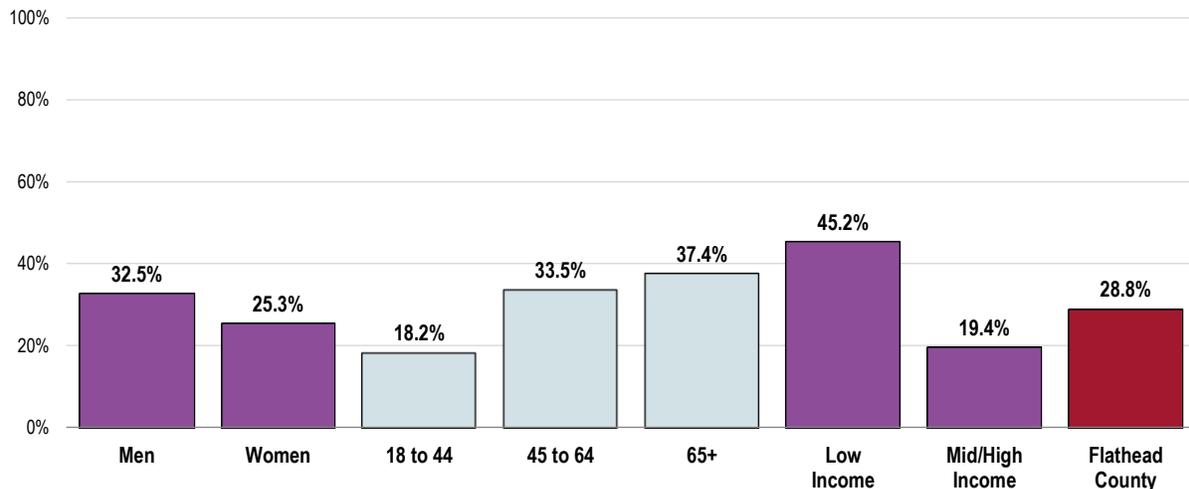
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

A total of 28.8% of Flathead County adults are limited in some way in some activities, due to a physical, mental, or emotional problem. Statistically similar to the statewide and national prevalence. In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Adults age 45 and older (note the positive correlation with age).
- Those with lower incomes.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health and Substance Use

About Mental Health & Mental Disorders

Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. The major areas of progress include evidence that:

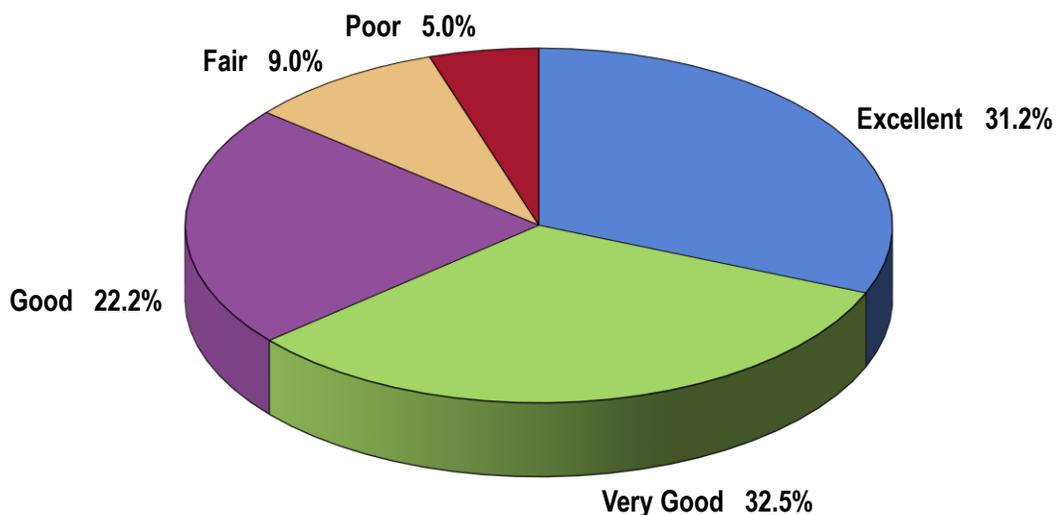
- Mental health disorders are common and begin early in life.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.

• Healthy People 2020 (www.healthypeople.gov)

Evaluation of Mental Health Status

A total of 63.7% of Flathead County adults rate their overall mental health as “excellent” or “very good.” Adults with low income report significantly higher rates of “Fair/poor” mental health. Adults ages 18-64 are more likely to report “fair/poor” mental health than seniors in the Flathead.

Self-Reported Mental Health Status (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

Notes: • Asked of all respondents.

Depression

According to the 2018 PRC survey, a total of 24.8% of Flathead County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Higher than the state finding of 19.5% of adults diagnosed with a depressive disorder.
- Statistically similar to the national finding.

Symptoms of Chronic Depression

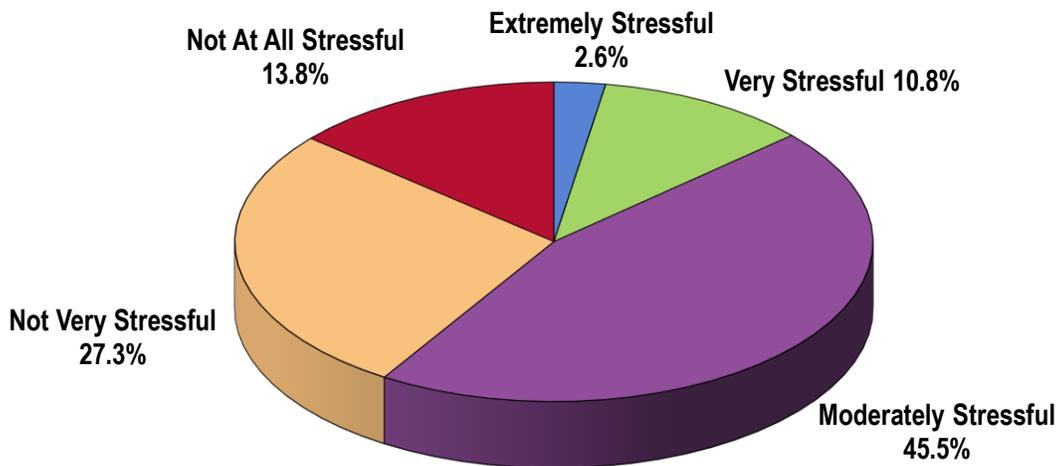
A total of 31.3% of Flathead County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Nearly identical to the national findings.
- The prevalence of chronic depression is notably higher among women and adults with lower incomes.

Stress

More than two-fifths (41.1%) of Flathead County adults consider a typical day to be “not very stressful” (27.3%) or “not at all stressful” (13.8%). Another 45.5% of survey respondents characterize a typical day as “moderately stressful.” High stress levels are more prevalent among adults with lower incomes.

Perceived Level of Stress On a Typical Day (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.

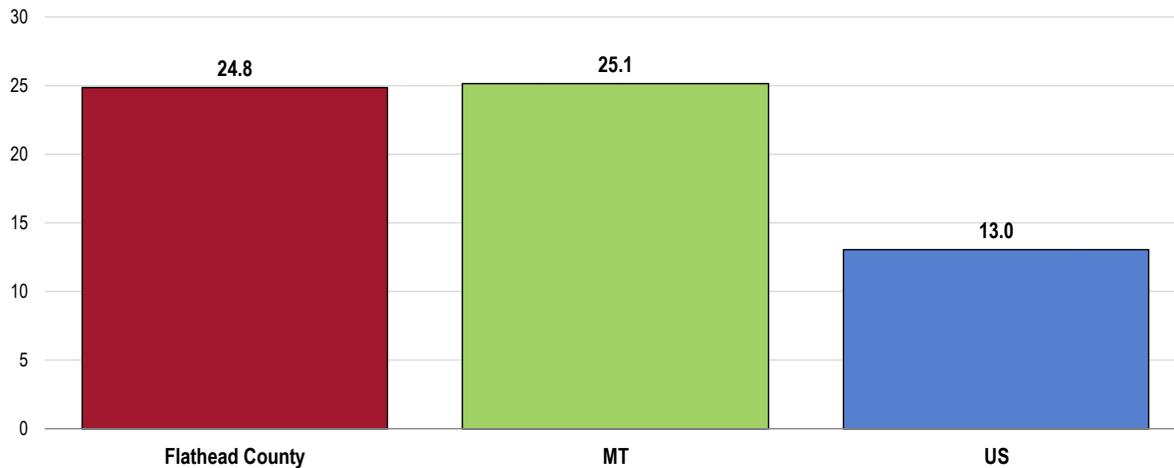
Suicide

Suicide Deaths

Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 24.8 deaths per 100,000 population in Flathead County.

- Similar to the statewide rate.
- Much higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Depression & Suicide Ideation in Adolescents

In 2017, nearly one-third (33.1%) said they felt so sad or hopeless that they stopped doing some of their usual activities for at least a two-week period.

Nearly one-fifth (19.1%) of Flathead County high school students reported seriously considering attempting suicide within the past year.

Mental Health Treatment

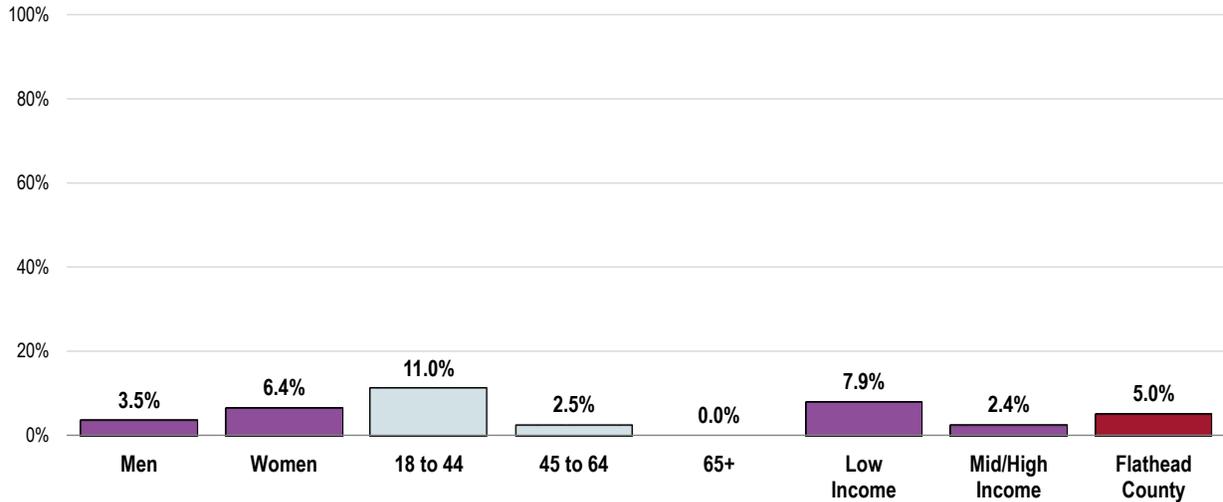
A total of 36.0% of Flathead County adults acknowledge having ever sought professional help for a mental or emotional problem according to the 2018 PRC survey. This is higher than the national average of 30.8%.

A total of 20.2% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem according to the 2018 PRC survey. This is higher than the national average of 13.9%.

Difficulty Accessing Mental Health Services

A total of 5.0% of Flathead County adults report a time in the past year when they needed mental health services but were not able to get them. This is similar to the national finding of 6.8% of adults needing services but being unable to get them.

Unable to Get Mental Health Services When Needed in the Past Year (Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons citing difficulties accessing mental health services in the past year, these are mostly attributed to **availability**; barriers mentioned less often include insurance issues and cost.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

- Healthy People 2020 (www.healthypeople.gov)

Alcohol Use

Excessive Drinking

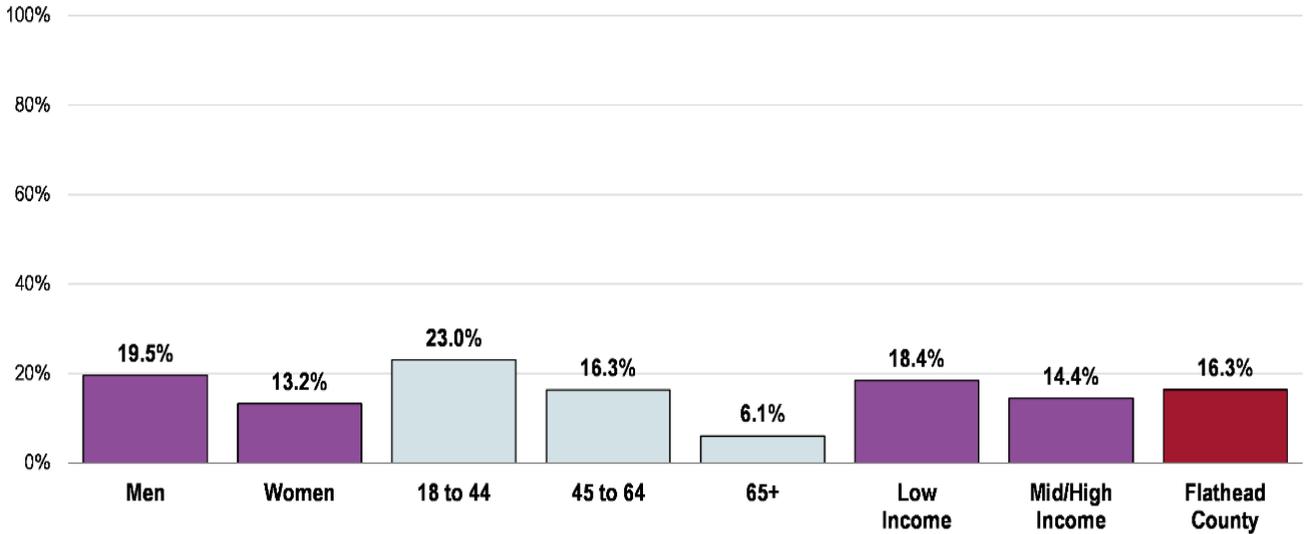
While alcohol is a legal substance, it is also the most commonly abused substance. A total of 23.6% of Flathead adults are excessive drinkers (heavy and/or binge drinkers) according to the 2018 PRC survey. This is similar to the national proportion of excessive drinkers at 22.5%.

- Excessive drinking is more prevalent among people at higher income levels
- Men tend to drink excessively more than women
- Excessive drinking declines with age

Cigarette Smoking

A total of 16.3% of Flathead County adults currently smoke cigarettes, either regularly (13.9% every day) or occasionally (2.4% on some days). This is significantly higher than the national rate of 11.0%. It also fails to meet the Healthy People 2020 target for smoking which is 12.0% or less.

Current Smokers (Flathead County, 2018) Healthy People 2020 Target = 12.0% or Lower

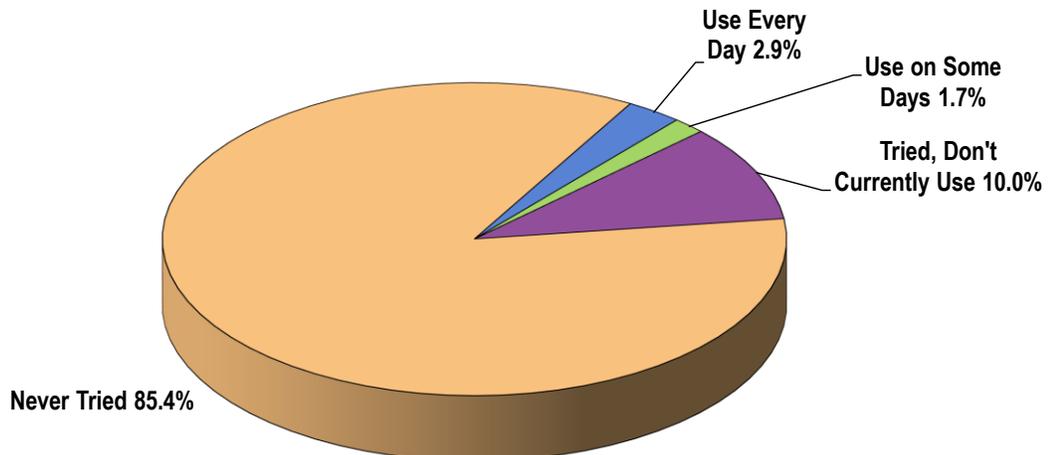


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Use of Vaping Products

A total of 4.6% of Flathead County adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (2.9% every day) or occasionally (1.7% on some days). Youth are significantly more likely to report using vaping products compared to other age groups. Among high-schoolers in the Flathead, 43.8% report having used vaping products compared to 42.2% nationally (YRBS, 2017).

Use of Vaping Products (Flathead County, 2018)



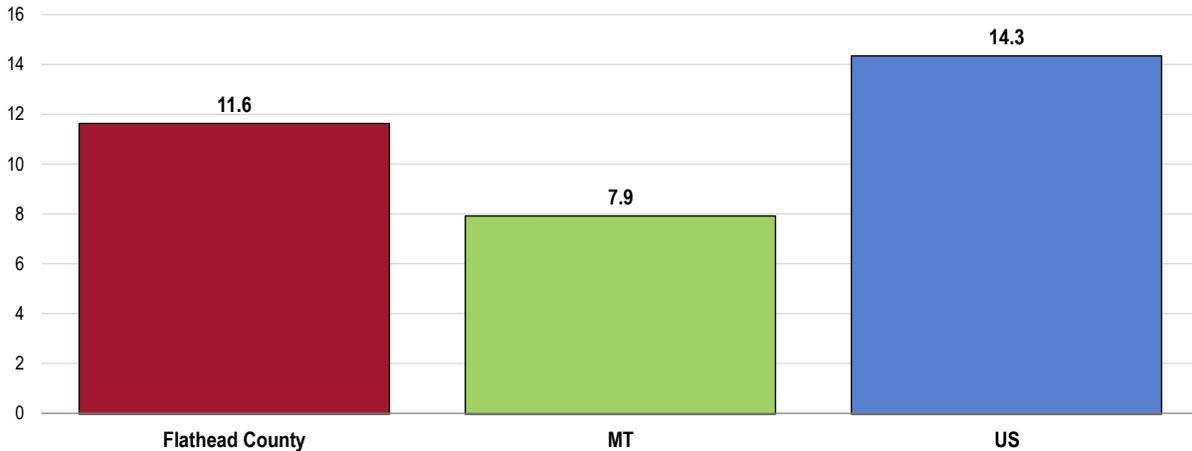
Age-Adjusted Unintentional Drug-Related Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 11.6 deaths per 100,000 population in Flathead County.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

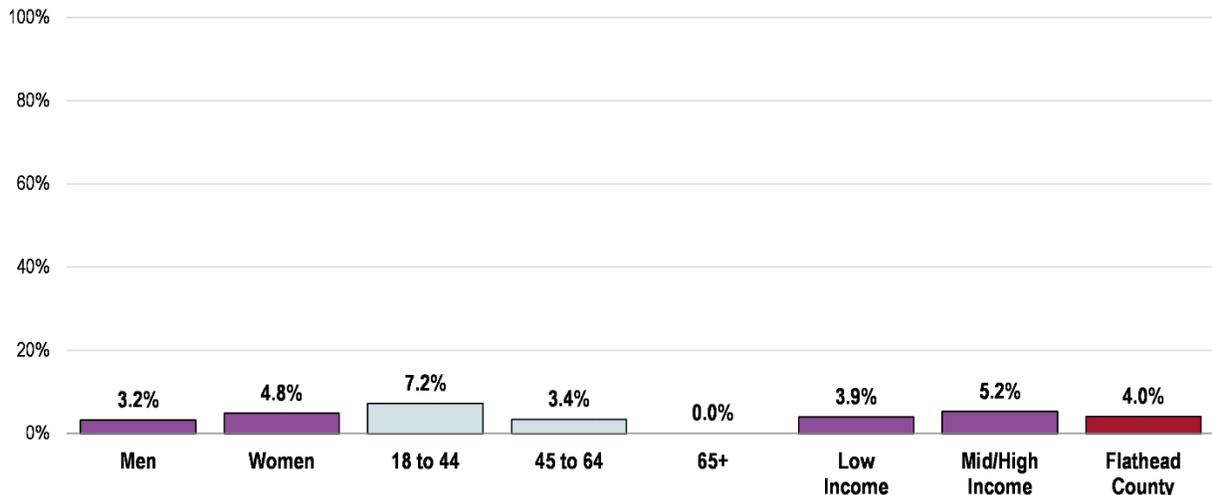
Illicit Drug Use

A total of 4.0% of Flathead County adults acknowledge using an illicit drug in the past month compared to 2.5% in the US population.

Illicit Drug Use in the Past Month

(Flathead County, 2018)

Healthy People 2020 Target = 7.1% or Lower

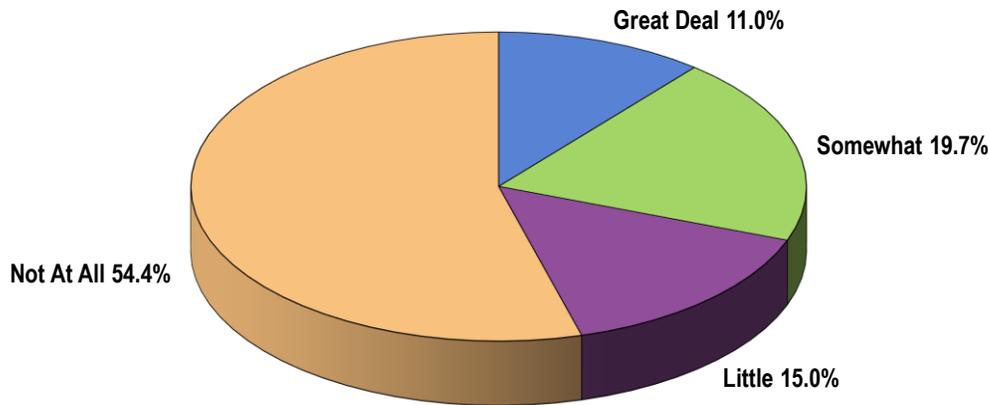


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]

Personal Impact of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another). More than one-half (54.4%) of respondents have not been personally impacted).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)
(Flathead County, 2018)



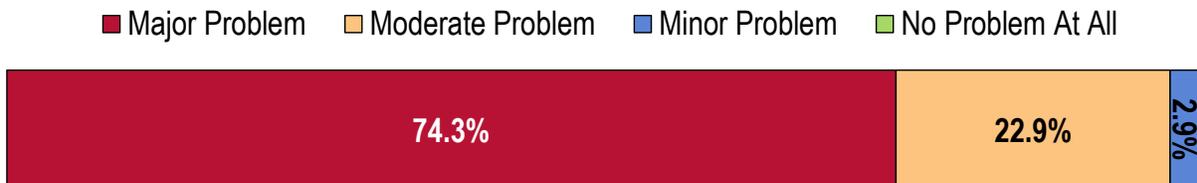
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: • Asked of all respondents.

In contrast, 45.7% of respondents indicate that their lives have been negatively affected by substance abuse, including 11.0% who report having been affected “a great deal.” This is higher than the national proportion.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

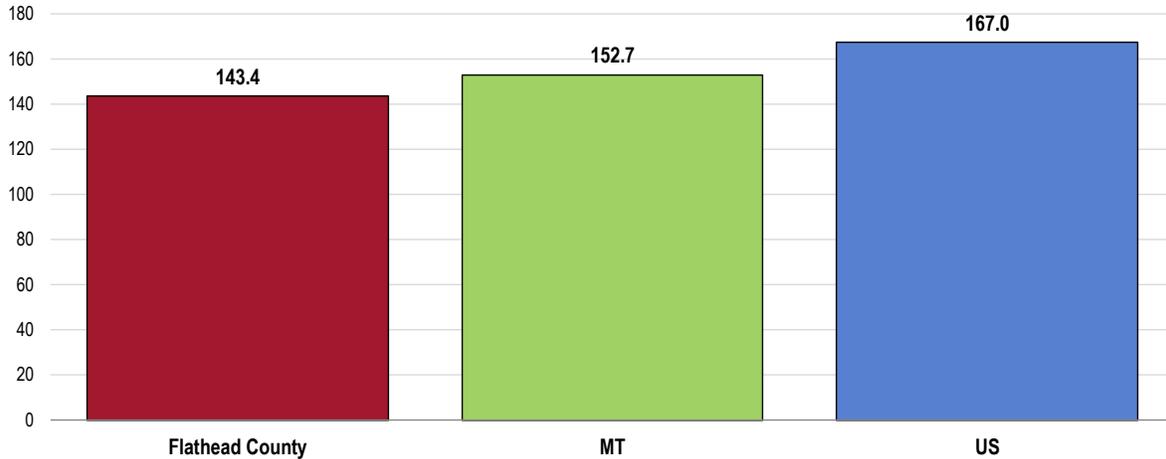
Chronic Disease Management & Prevention

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted heart disease mortality rate of 143.4 deaths per 100,000 population in Flathead County. Flathead County is better than the HP2020 target.

Heart Disease: Age-Adjusted Mortality
 (2014-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Stroke Deaths

Between 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 40.4 deaths per 100,000 population in Flathead County. Flathead County does not meet the HP2020 goal.

Stroke: Age-Adjusted Mortality
 (2014-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 34.8 or Lower



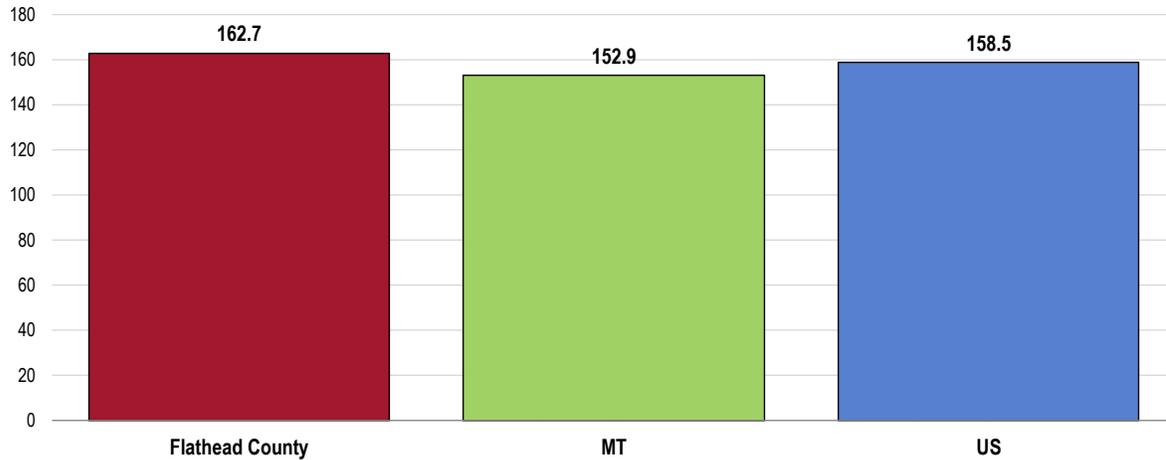
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 162.7 deaths per 100,000 population in Flathead County. This is similar to the statewide and national rates as well as the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Flathead County.

Age-Adjusted Cancer Death Rates by Site
(2014-2016 Annual Average Deaths per 100,000 Population)

	Flathead County	Montana	US	HP2020
ALL CANCERS	162.7	152.9	158.5	161.4
Lung Cancer	39.0	38.2	42.0	45.5
Prostate Cancer	24.3	21.5	19.0	21.8
Female Breast Cancer	23.5	20.0	20.6	20.7
Colorectal Cancer	18.1	14.1	14.4	14.5

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Cancer Incidence

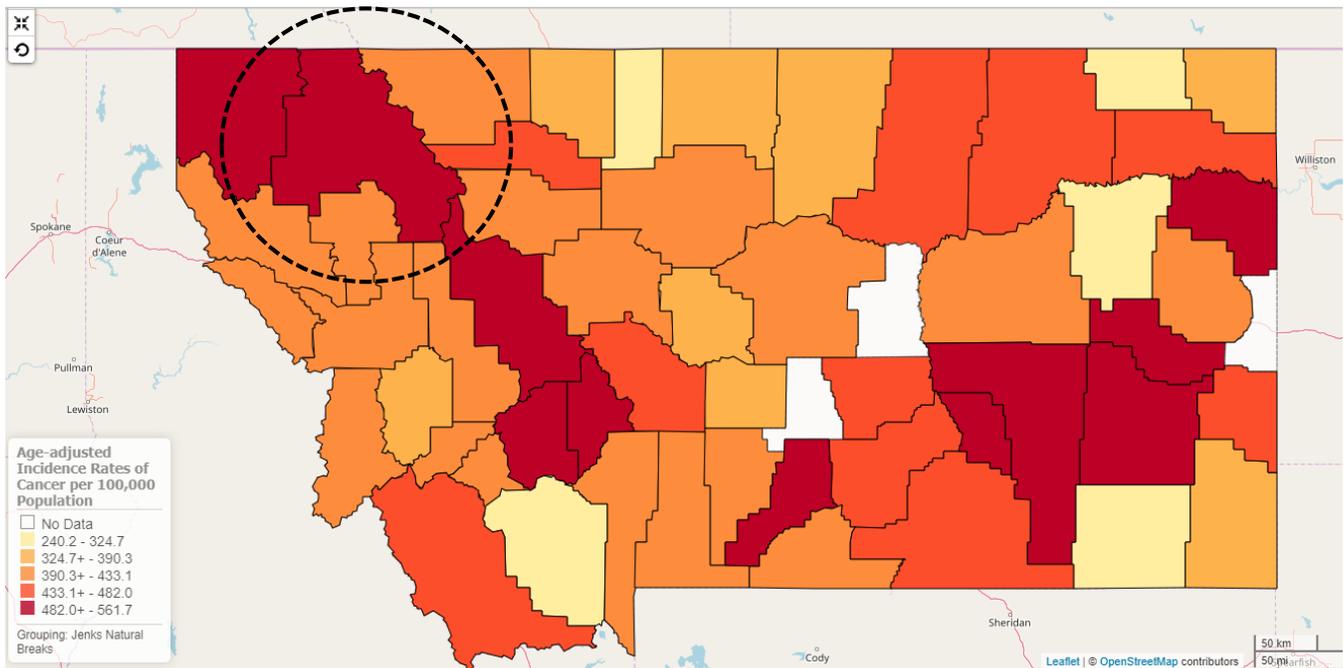
Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. The 2013-2015 age-adjusted cancer incidence rate for Flathead County (517.3) is higher than the statewide rate of 444.6.

Cancer Incidence

	Number of Cases of Diagnosed Cancer	Number in the Population (Person-Years)	Age-adjusted Incidence Rates of Cancer per 100,000 Population (2013-2015)
Flathead County	1,921	283,782	517.3
Montana	17,427	3,069,254	444.6

Sources: • Montana Central Tumor Registry.

Age-Adjusted Incidence Rates of Cancer per 100,000 Population (2013-2015)



Sources: • Montana Central Tumor Registry.

This map highlights that the overall cancer incidence rate in Flathead County is among the highest of Montana counties.

Access to Care

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

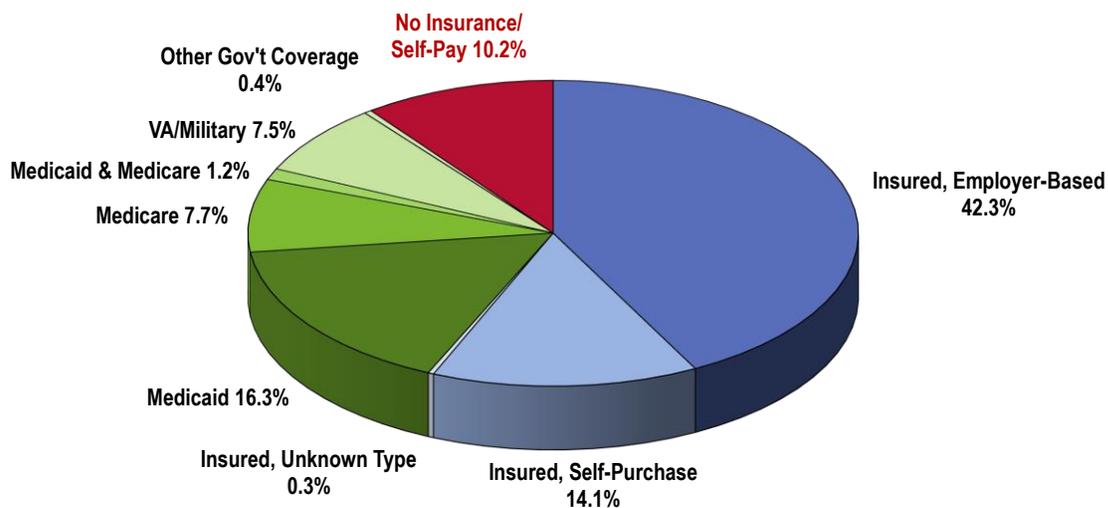
Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Type of Healthcare Coverage

A total of 56.7% of Flathead County adults age 18 to 64 report having healthcare coverage through private insurance. Another 33.1% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits). A total of 14.2% of residents under age 65 with private coverage or Medicaid secured their coverage under the Affordable Care Act (ACA), otherwise known as “Obamacare.” This is higher than the national finding of 8.2%.

Healthcare Insurance Coverage
(Among Adults Age 18-64; Flathead County, 2018)



- Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 Notes: • Reflects respondents age 18 to 64.

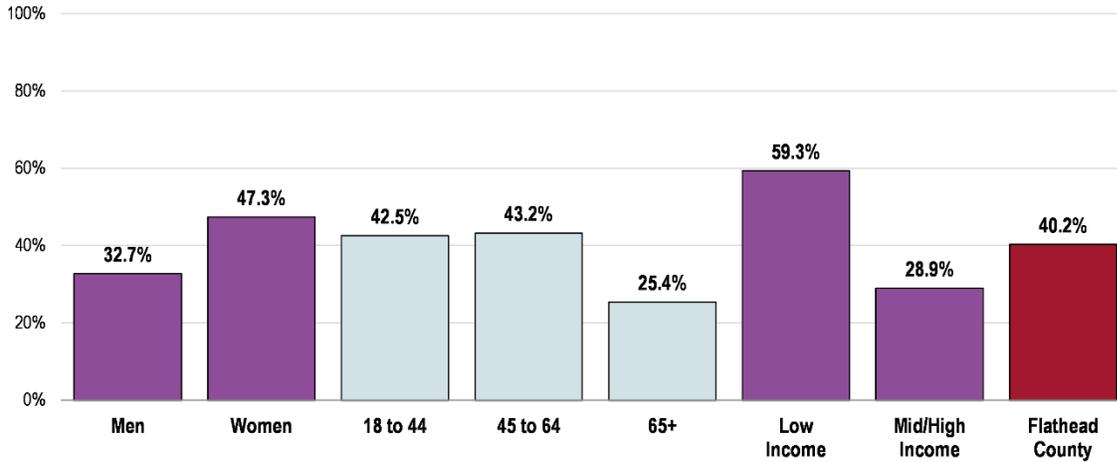
Lack of Health Insurance Coverage

Among adults age 18 to 64 in Flathead County, 10.2% report having no insurance coverage for healthcare expenses. This is similar to the state (12.4%) and national findings (13.7%). The Healthy People 2020 target is universal coverage (0% uninsured).

Difficulties Accessing Services

A total of 40.2% of Flathead County adults report some type of difficulty or delay in obtaining healthcare services in the past year. This was similar to the national findings (43.2%).

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Flathead County, 2018)

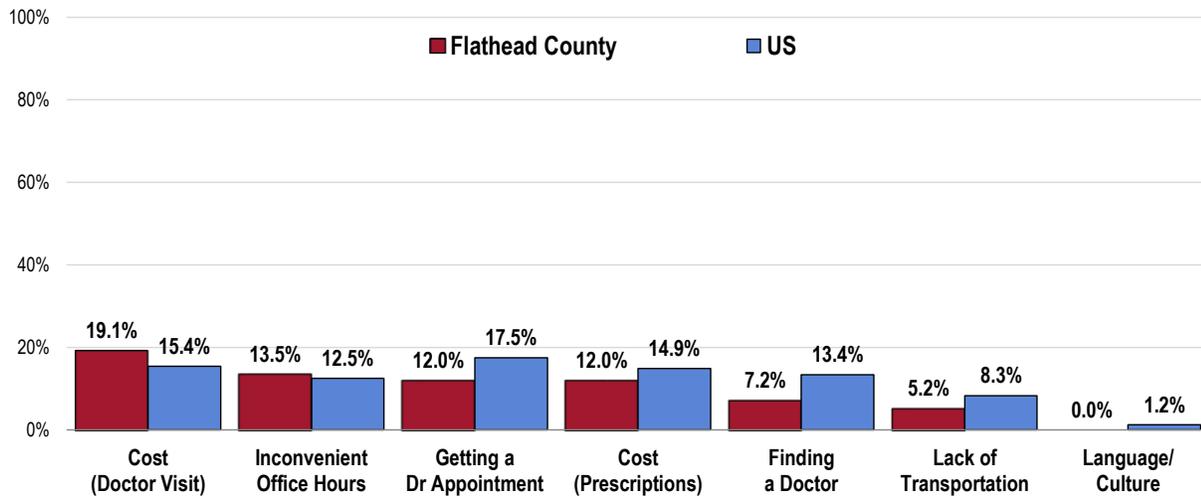


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]

Barriers to Healthcare Access

Of the tested barriers, cost of a physician visit impacted the greatest share of Flathead County adults (19.1% say that cost prevented them from obtaining a visit to a physician in the past year).

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

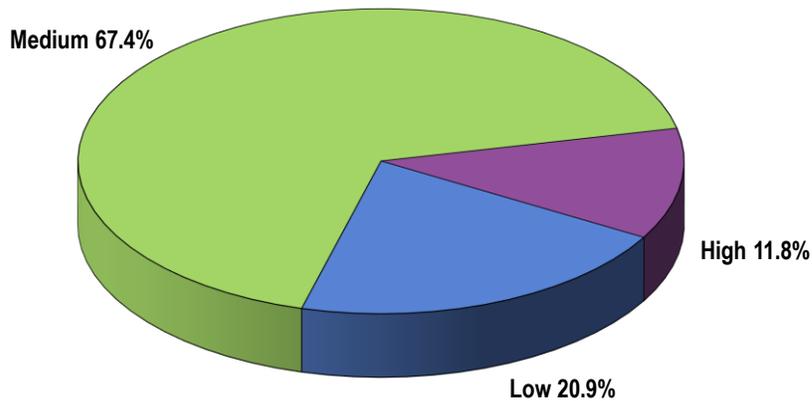
Notes: • Asked of all respondents.

Prescriptions: Among all Flathead County adults, 12.7% skipped or reduced medication doses in the past year in order to stretch a prescription and save money. In the Flathead, 23.0% of low-income respondents reported skipping or reducing their prescription doses to save money.

Access to Care Health Literacy

Low health literacy is defined as those respondents who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms. A total of 20.9% Flathead County adults are found to have low health literacy which is similar to national findings of 23.3%. Low levels of health literacy were found to be statistically similar within the basic demographic groups.

Level of Health Literacy
(Flathead County, 2018)

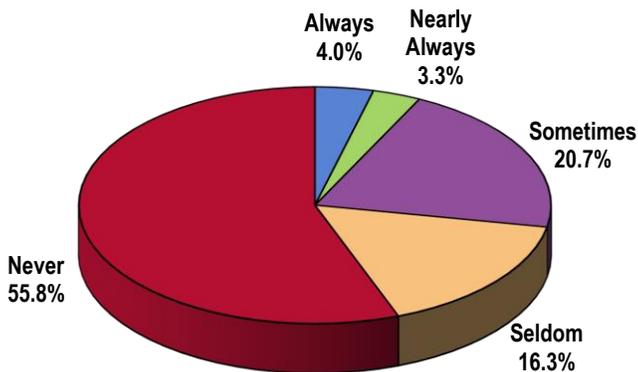


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]

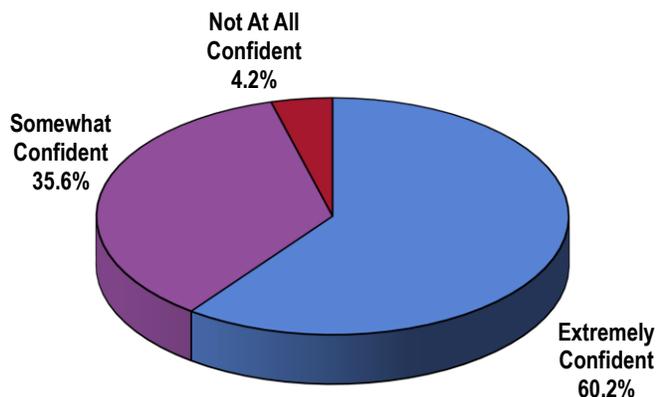
Understanding Written & Spoken Health Information

In Flathead County, 15.7% of adults experience some difficulty with written health information and 6.7% experience some difficulty with spoken health information.

Frequency of Needing Help Reading Health Information
(Flathead County, 2018)



Confidence in Ability to Fill Out Health Forms
(Flathead County, 2018)



Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified dental care and behavioral health as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Dental Care	28.6%	14.3%	42.9%	6
Behavioral Health	57.1%	14.3%	0.0%	5
Substance Abuse Treatment	14.3%	28.6%	0.0%	3
Elder Care	0.0%	42.9%	0.0%	3
Pain Management	0.0%	0.0%	14.3%	1
Primary Care	0.0%	0.0%	14.3%	1
Specialty Care	0.0%	0.0%	14.3%	1
Urgent Care	0.0%	0.0%	14.3%	1

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a “moderate problem” in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2018)

■ Major Problem
 ■ Moderate Problem
 ■ Minor Problem
 ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Social Determinants of Health

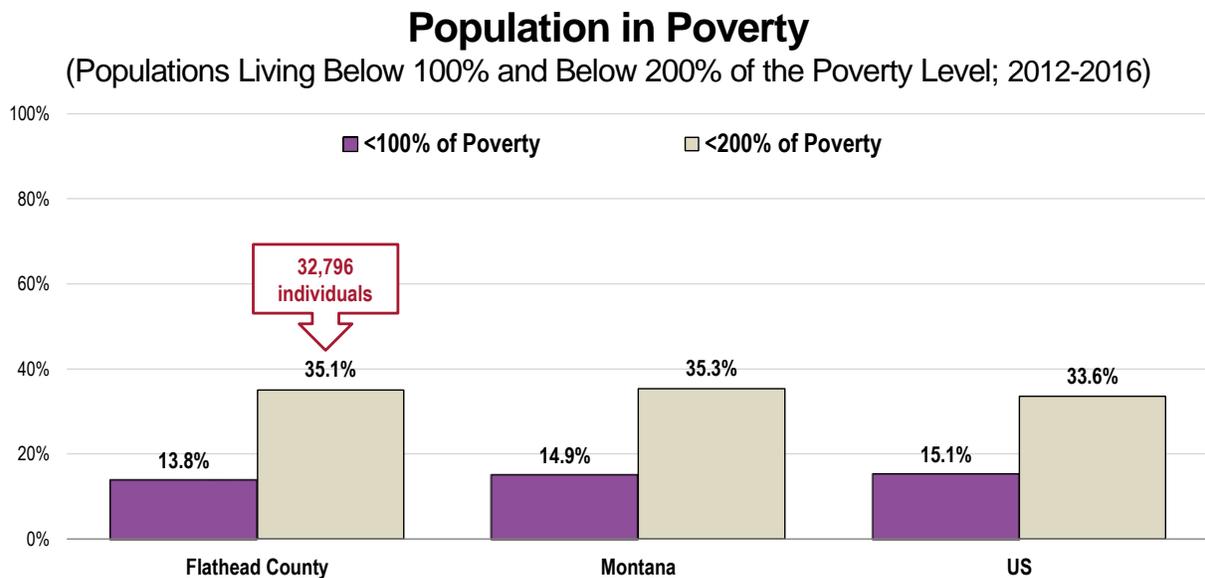
About the Social Determinants of Health

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 13.8% of Flathead County population living below the federal poverty level (FPL). In 2019, the FPL is defined as \$12,060 for one person and \$20,420 for a family of three. In all, 35.1% of Flathead County residents (an estimated 32,796 individuals) live below 200% of the federal poverty level. This is similar to the proportion reported statewide and nationally.



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved July 2018 from Community Commons at <http://www.chna.org>.

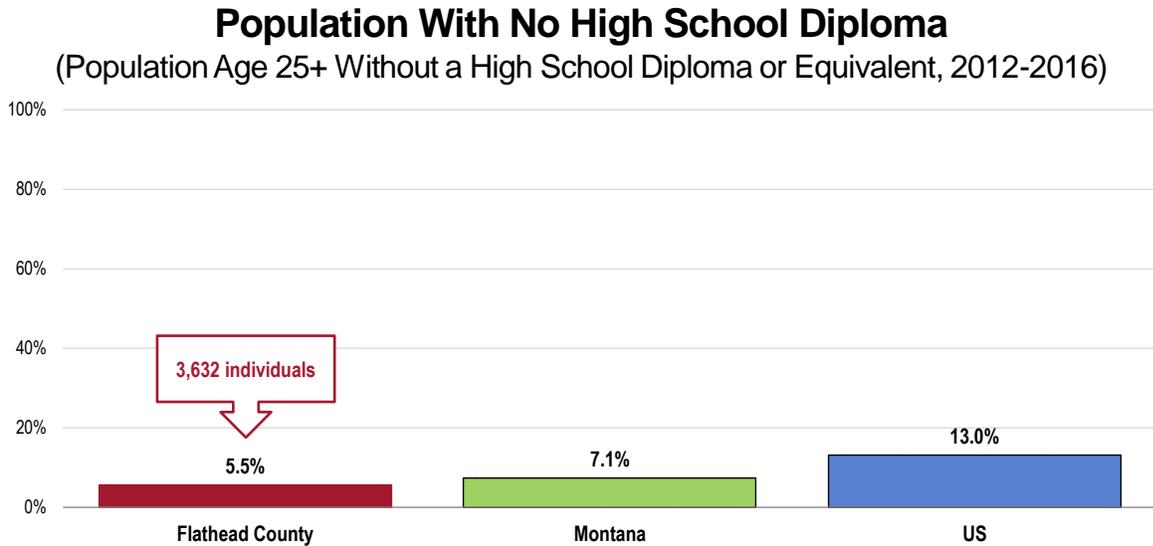
Children in Low-Income Households

In Flathead County, 46.8% of children age 0-17 (representing an estimated 9,657 children) live below the 200% poverty threshold. This is similar to the proportion found statewide (42.9%) and nationally (43.3%).

- More children in low-income households found in the southeastern and southwestern corners of the county.
- The number of area students in grades K-12 receiving free or reduced-price meals increased between 2011-2012 (4,254) and 2015-2016 (5,784), echoing the statewide increase.
- In 2011-2012, more than 9,000 Flathead County children ages 18 and younger were on the Healthy Montana Kids healthcare plan.

Education

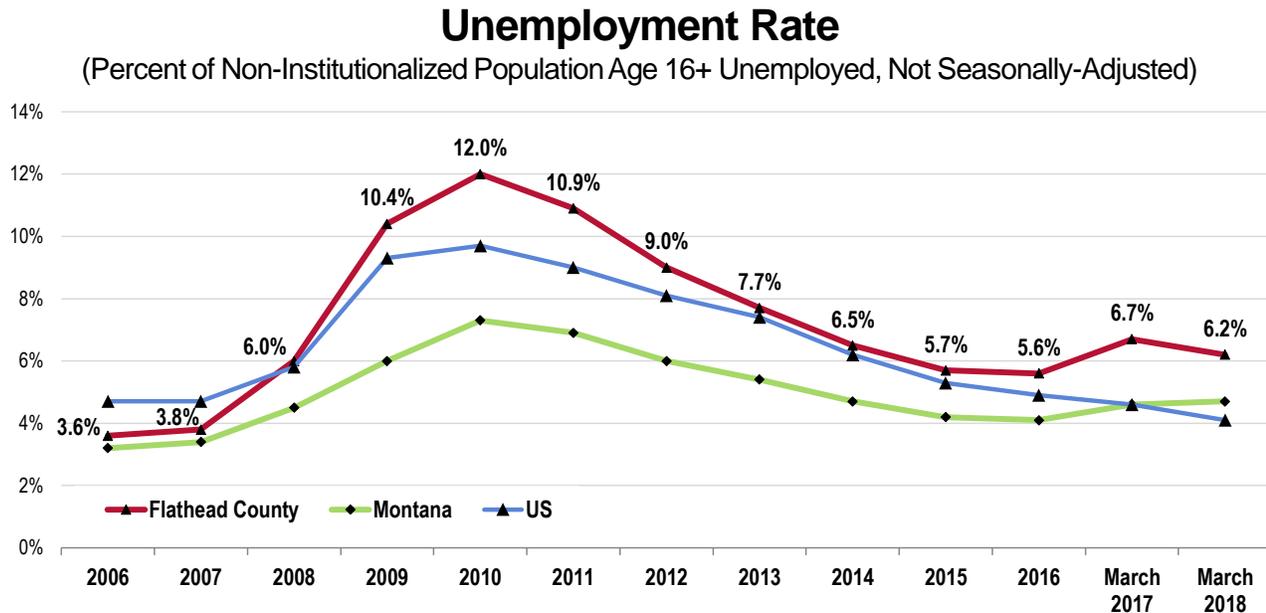
Among the Flathead County population age 25 and older, an estimated 5.5% (over 3,600 people) do not have a high school education. This is more favorable than found statewide and nationally. Geographically, adults without a high school education is more concentrated in the southeastern ZIP code.



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved July 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

Employment

According to data derived from the US Department of Labor, the unemployment rate in Flathead County as of March 2018 was 6.2%. This is higher than the statewide and national unemployment rates.

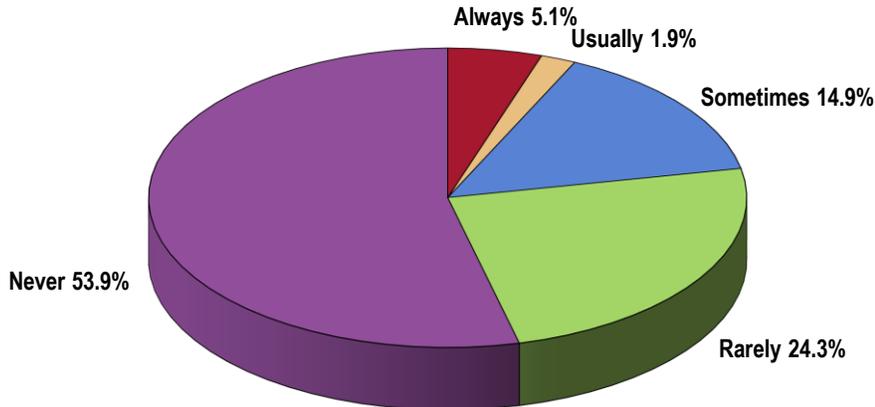


- Sources:
- US Department of Labor, Bureau of Labor Statistics.
 - Retrieved July 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (21.9%) reported that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

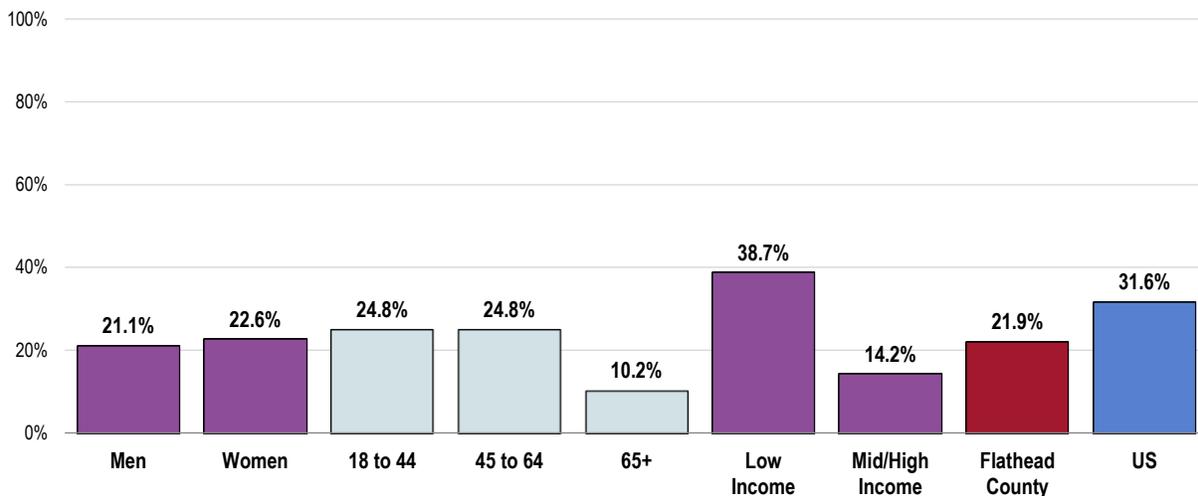
Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year
(Flathead County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: • Asked of all respondents.

- Compared to the US prevalence, the Flathead County proportion of adults who worried about paying for rent or mortgage in the past year is more favorable.
- Those more likely to worry about their rent or mortgage include adults younger than 65 and residents living at lower incomes.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year
(Flathead County, 2018)



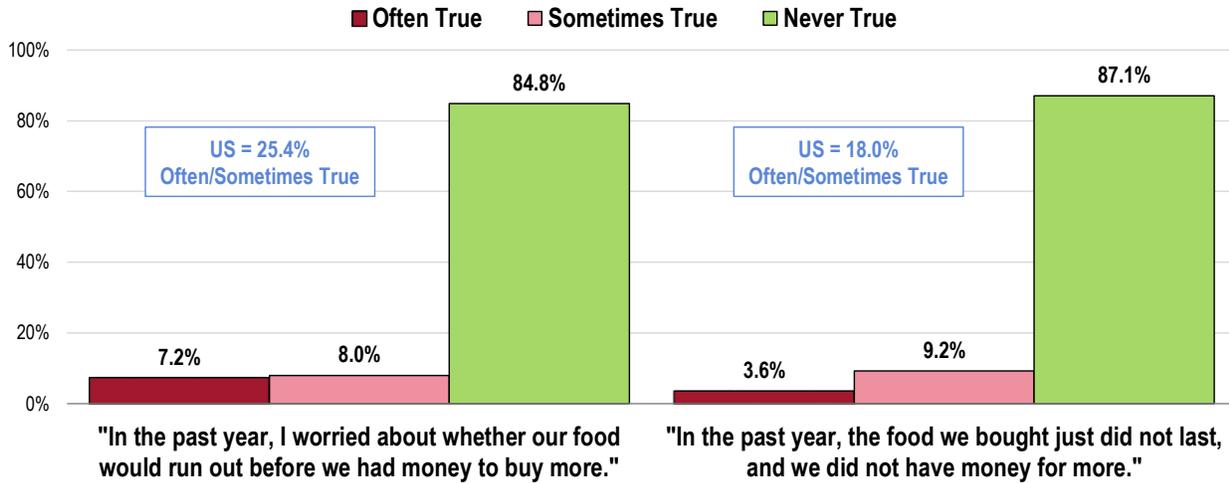
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

Food Insecurity

In the past year, 15.2% of Flathead County adults “often” or “sometimes” worried about whether their food would run out before they had money to buy more. Adults more likely affected by food insecurity include:

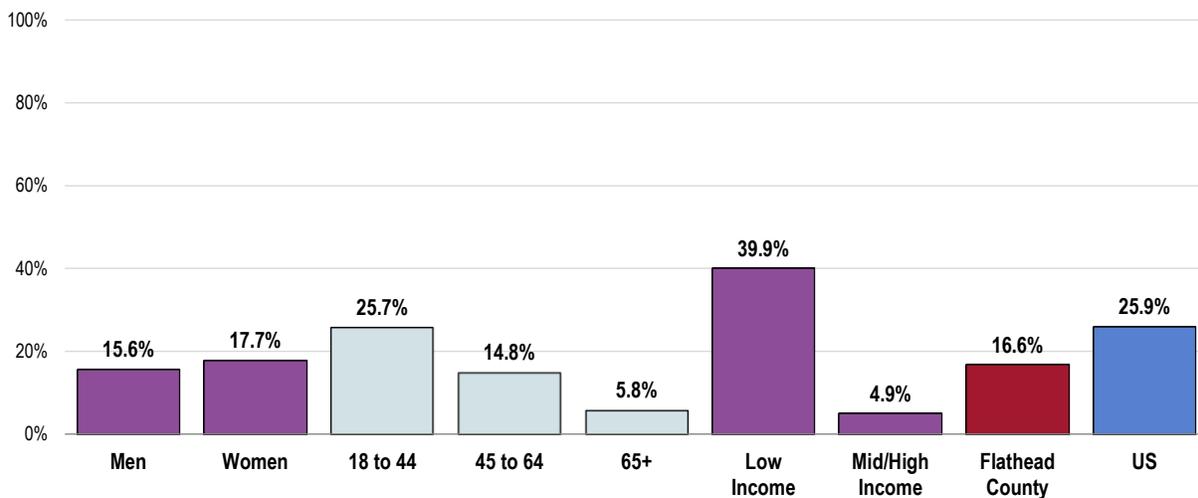
- Adults younger than 65.
- Residents living at lower incomes (especially).

Food Insecurity (Flathead County, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87-88]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Reflects the total sample of respondents.

Food Insecurity (Flathead County, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Community Resilience

About Community Resilience

Trauma Informed and Adverse Childhood Experiences

A trauma informed organization is one that understands, respects, and responds to the effects of all kinds of trauma. It emphasizes physical and emotional safety for both consumers and providers, and helps empower people. Understanding trauma through the impact of Adverse Childhood Experiences (ACEs) is a first step. ACEs are stressful or traumatic experiences in childhood that are related to the development and prevalence of a wide range of health problems.

Connectedness: Social Connection is linked to improved physical, mental, and emotional health. Strong social connections lead to a 50% increased chance of longevity, lower blood pressure, lower obesity, and a stronger immune system. Nationally, 25% of adults report that they have no one with which to share a personal problem. Loneliness is the most common reason why people seek psychological counseling. Being socially connected is a key factor in resiliency.

- Trauma informed Care Project (<http://www.traumainformedcareproject.org/>)
- ACEs (<https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>)
- Genwell Project (<https://genwellproject.org/research/>)

Adverse Childhood Experiences (ACEs)

Children in Montana are significantly more likely to report ACEs compared to children nationally. In Montana, 54.2% of children ages 0-17 have experienced at least one ACE compared to 43.8% nationally. In Montana, racial and ethnic minorities experience significantly higher rates of ACEs.

Adverse Childhood Experiences (NSCH, 2017)		
	Montana	United States
Hard to cover basics like food or housing	28.6%	23.0%
Parents divorced/separated	24.9%	23.1%
Parent died	4.6%	3.6%
Parent incarcerated	12.5%	7.2%
Witnessed domestic violence	8.2%	5.0%
Victim of or witnessed neighborhood violence	6.2%	3.8%
Lived with someone with severe mental illness	10.9%	7.0%
Lived with someone who had alcohol or drug problems	17.3%	7.9%
Experienced racism	2.9%	3.6%